

| POSITION                  | INITIALS | ID NO.                     | DATE                          |
|---------------------------|----------|----------------------------|-------------------------------|
| FEE DETERMINATION         |          |                            |                               |
| O.I.P.E. CLASSIFIER       |          |                            |                               |
| FORMALITY REVIEW          | <i>B</i> | <i>12</i><br><i>TC 822</i> | <i>4/3</i><br><i>04-20-01</i> |
| RESPONSE FORMALITY REVIEW |          |                            |                               |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*1-2*  
*01/16/01*